PATENT APPLICATION DOCKET NO.: PATH99-09A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Lynn Doucette-Stamm and David Bush

Application No.:

09/450,969

Filing Date: November 29, 1999

Confirmation No.:

8394

Group: 1637

Examiner:

Siew, J.

For:

Nucleic Acid and Amino Acid Sequence Relating to Staphylococcus

epidermidis for Diagnostic and Therapeutics

CERTIFICATE OF FACSIMILE I hereby certify that this correspondence is being sent vial facsimile Typed or printed name of person signing certificate

AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

To Whom It May Concern::

Transmitted herewith is Amendment for filing in the above-identified application.

The fee has been calculated as shown below:

	(COL. 1)		(CC	DL. 2)	(COL. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		PREV	EST NO. IOUSLY D FOR	PRESENT EXTRA	
TOTAL	11	MINUS	*	31	0	
INDEP	5	MINUS	**	12	0	

not fewer than 20

not fewer than 3

SMALL ENTITY					OTHER THAN SMALL ENTITY				
RATE		ADDIT. FEE		<u>or</u>	RATE		ADDIT. FEE		
х	\$9	\$			x	\$18	\$		
x	\$43	\$	·		x	\$86	5		
+	\$145	\$			+	\$290	\$		
тот	AL =	\$	0		тот	AL =	\$	0	

Plea	ase charg	ge Deposit Account No. 50	1040 for the following fees:		
	[X]	Petition for three-month I	Extension of Time	\$	950.00
	[]	Amendment Fee		\$	
	[]	Other Fees:			
				\$	
				\$	
			TOTAL:	\$	950.00
Αc	heck is e	nclosed in payment of the	following fees:		
	[]	Petition for [] m	onth Extension of Time	\$	
	[]	Amendment Fee		\$	
	[]	Other Fees:			
			•	\$	
_				\$	
			TOTAL:	\$	0
[X]	any fe	es required under 37 C.F.R oplication.	y granted to charge Deposit Account No. 5 L. 1.16 and 1.17 in order to maintain pende spectfully submitted,		
		By Ro Re Te	bert L. Spadafora gistration No.: 46,197 lephone: (781) 398-2300 esimile: (781) 398-2530	RATIO	
Walt Date	•	assachusetts 02453			

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PETITION FOR EXTENSION OF TIME

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The undersigned attorney petitions the Commissioner for Patents to extend the time for filing a Response to the Office Action dated December 4, 2003 for three-months from March 4, 2004 to June 4, 2004.

		Other than
	Small Entity	Small Entity
l month -	\$ 55.00	\$ 110.00
2 months -	\$ 210.00	\$ 420.00
3 months -	\$ 475.00	<u>X</u> \$ 950.00
4 months -	\$ 740.00	\$ 1480.00
5 months -	\$ 1005.00	\$ 2010.00

[] Enclosed is a check in the amount of \$[

I to cover the cost of the extension.

[] The fee for the extension is included in the check for the accompanying response.

[X] Please charge Deposit Account No. 501040 in the amount of \$950.00 to cover the cost of the extension fee.

Any deficiency or overpayment should be charged or credited to Deposit Account No. 501040.

Respectfully submitted,

OSCIENT PHARMACEUTICALS CORPORATION

Βv

Robert L. Spadaford Registration No. 46,197 Telephone (781) 398-2300

Facsimile (781) 398-2530

Waltham, Massachusetts 02453

Dated: